

MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH CONFIDENTIALITY FORM



I, the undersigned, understand that any information or any identities of offenders that are disclosed to me or learned by me, while I am at a youth facility or program, or associated with the Youth Corrections Division, is confidential.

I am aware that State law protects this confidentiality and that I am prohibited from making any disclosure of such information except as provided in the law. I hereby agree that I will follow State law and Department of Corrections policy in the release of information.

Signature

Date

Signature of Witness

Date